

\* Auth (Verified) \*

18 Dec 2009 51PM NE WOMENS HEALTH JB 7044037827

p.3

Nov 30 2009 11:10AM NE WOMENS HEALTH &amp; OB 7044 7827

p.2

Carrollinas Medical Center  
NorthEast  
920 Church St., North - Concord, NC 28025



- Booth
- I authorize Dr. Booth and those whom he/she may designate as associates or assistants to perform the following operation, procedure, or medical treatment: anterior repair tension free vaginal tape hysterectomy
  - I recognize that, during the course of the operation, post-operative care, medical treatment, anesthesia or other procedures, various conditions may necessitate additional or different procedures than those set forth. I, therefore, authorize my above physician and his/her designees to perform such surgical or other procedures as are in the exercise of their professional judgment necessary and desirable. Carrollinas Family Medicine residents may also assist in my procedure. The authority granted under this paragraph shall extend to the treatment of all conditions that require treatment and are not known to my physician at the time the medical or surgical procedure is commenced.
  - I have been informed that there are significant risks such as severe loss of blood, infection and scarring which can lead to death or permanent or partial disability, which may be a risk to the performance of any procedure. I realize that in those cases where an incision is needed, infection, scarring, additional pain, or hernia formation (weakness or bulging) can occur, and may require further treatment or procedures. Other risks may include but are not limited to: N/A
  - I realize that this form may not include all possible risks of the intended surgery/procedure/treatment and that additional risks may exist or may be identified in the future that are not mentioned on this form.
  - I consent to the administration of anesthesia by my attending physician or designee, an anesthesiologist, or other qualified person under the direction of a physician as may be deemed necessary. I understand that all anesthetics involve risks and potential complications, possible dental damage, possible serious damage to vital organs such as the brain, heart, lung, liver and kidney, and in some cases may result in paralysis, cardiac arrest and/or brain death from both known and unknown causes.
  - I understand that any aspect of this consent form that I do not understand can be explained to me by me asking my physician(s).
  - I certify that my physician has informed me of the nature and character of the proposed surgery/procedure/treatment, of the anticipated results, of the possible anesthetic, and the recognized serious possible risks, complications, and the anticipated benefits involved and the alternatives, including no treatment/procedure/treatment.
  - I consent to the photographing, videotaping or closed circuit (television, and publication of the operative procedure or medical treatment to be performed (including any organs, tissues, cells or body fluids that are removed) provided I am not identified and its use is limited to medical treatment, scientific, or educational purposes. I waive all rights to any payment for use of these recordings. Staff in accordance with policy may dispose of any items removed during procedures.
  - I authorize the presence of N/A from N/A (nearly) in the room during my procedure. It has been explained to me the desired purpose of his/her presence, which may include, but is not limited to: N/A
  - I recognize that the results from the practice of medicine and surgery are not absolutely predictable, and I acknowledge that no guarantee or assurance have or can be made concerning the results of such surgery/procedure/treatment or pain levels.
  - I understand that the physician listed above may be an independent contractor and NOT an employee of Carrollinas Medical Center, NorthEast.

Hanna Wilkerson (Initials)  
I HAVE READ, UNDERSTAND, AND AGREE TO THE CONTENTS OF THIS CONSENT, HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS AND HAVE RECEIVED ANSWERS.

Hanna Wilkerson  
Patient/Legal Responsible Person's Signature

☐ Check if telephone consent given

The patient is unable to consent because:

Self  
Relationship to Patient

Wilkerson 2/12/10 1720  
Witness/Witnesses Date/Time

The operation/procedure/treatment stated on this form, including the possible risks, benefits, complications, alternatives (including non-treatment) and anticipated results, was explained by me to the patient or his/her legal representative before the patient or his/her representative executed.

Wilkerson 2/12/10 1720  
Physician Signature Date/Time

Hanna Wilkerson  
DOB: //

(1) REDACTED



10053-01289

E000120-96-35

WILKERSON, HANNA

ATT PHY 70449 BOOTH KELLY ALEXAN

03/09/10 DOB REDACTED F 57Y

DOB: //

2/12/10

3/1/10

CONSENT FOR  
OPERATION/PROCEDURE/TREATMENT

GEN0032 (Rev. 7/07)

Consent

Feb 12, 2010 5:24PM

EXHIBIT

B

WILKERSONH\_CMCNE\_MEDICAL\_000016

## Operative/Procedure Documentation

DOCUMENT NAME:

### Operative Report

CAROLINAS MEDICAL CENTER - NORTHEAST  
Concord, North Carolina 28025

#### OPERATIVE REPORT

NAME: WILKERSON, HANNA  
ACCT. NO.: 1005301289  
MRN: 0001209635  
PATIENT DOB: REDACTED

ADMIT DATE: 03/09/2010 RM: EADM  
DICTATING PHYSICIAN: Kelly A. Booth, MD  
DATE OF OPERATION: 03/09/2010

PREOPERATIVE DIAGNOSIS:  
Cystocele, stress urinary incontinence.

POSTOPERATIVE DIAGNOSIS:  
Cystocele, stress urinary incontinence.

PROCEDURE:  
1. Tension-free vaginal tape.  
2. Cystoscopy.  
3. Anterior colporrhaphy.

SURGEON:  
Kelly A. Booth, MD

ANESTHESIA:  
General.

ESTIMATED BLOOD LOSS:  
Less than 50 mL.

COMPLICATIONS:  
None.

FINDINGS:  
Large cystocele was noted and cystoscopy findings reveal a normal-appearing bladder. The ureteral orifices were vigorously spilling indigo carmine-tinged urine. No evidence of dilation of the bladder with the TVT mesh device.

DESCRIPTION OF THE PROCEDURE:  
Following detailed informed consent, the patient was taken to the operating room and placed in the dorsal lithotomy position. After successful general anesthesia was achieved, the patient was placed in the Allen stirrups and sterilely prepped vaginally and perineally, and draped in the usual fashion. In-and-out catheterization of the bladder was performed and a

Admit Date: 3/9/2010 05:27 EST  
Disch Date: 3/10/2010 10:40 EST  
Admitting: BOOTH, KELLY ALEXANDER MD  
Attending: BOOTH, KELLY ALEXANDER MD  
Printed: 2/7/2014 13:28 EST

Pt Name: WILKERSON, HANNA ILONA  
MRN: 0001209635 Acct#: 1005301289  
DOB: REDACTED Age: 57 years Sex: Female  
Location: EADM  
Print ID: 60424954



### Operative/Procedure Documentation

weighted speculum was inserted into the vagina. The vaginal apex was grasped with Allis clamps and the cystocele was isolated and evaluated. Approximately 20 mL of 1% lidocaine with 1:200 concentration of epinephrine was injected into the vaginal mucosa. The vaginal mucosa was then incised in the midline and the mucosa was dissected off the underlying perivesical fascia using sharp dissection with the Strolis scissors. The midline defect was identified and a series of interrupted imbricating sutures of 2-0 Vicryl were placed to plicate the perivesical fascia in the midline. The vaginal mucosa was then trimmed and reapproximated using 3-0 Vicryl in a running locking fashion. Through a separate incision in the mid urethral area, the TVT mesh was introduced. Once again, 1% lidocaine was injected into the vaginal mucosa and 0.5% Marcaine injected into the space of Retzius at the sites where the trocars were to be placed. These sites were marked 2 fingerbreadths lateral to the midline over the pubic symphysis. The vaginal mucosa was undermined to the urogenital diaphragm and using the Strolis scissors and the Boston Scientific Align-Fit was assembled and placed through the urogenital diaphragm. The patient's right fifth trocar was then directed to the ipsilateral shoulder on the right side and exited through the appropriate demarcation at the level of the pubic symphysis. In a similar fashion, the TVT trocar was introduced through the patient's left urogenital diaphragm and directing the trocar towards the demarcated site on the left pubic symphysis (directing towards the ipsilateral shoulder on the left) this trocar was introduced through the demarcated site. One amp of indigo carmine had been introduced by Anesthesia and cystoscopy was performed to evaluate for any evidence of bladder injury. Both ureteral orifices were spilling indigo carmine tinged urine vigorously. The Mayo scissors were placed beneath the urethra as the mesh was drawn through the space of Retzius and trimmed in order to allow no tension to be placed on the mesh. The vaginal mucosa was reapproximated over the mesh using a horizontal imbricating suture of 4-0 Vicryl. Vaginal packing with Premarin cream was placed and a Foley catheter was placed to a straight drain. Of note, while the trocars were being directed on both the right and the left side, the bladder was deviated to the opposite side using the catheter guide sheathed in a Foley. This maneuver was performed in order to protect the bladder from injury. At the completion of the case all sponge, needle and instrument counts were correct x2. The patient was awakened, extubated, and taken to the room alert and in stable condition.

KAB:ed  
D: 03/14/2010 16:41:42  
T: 03/14/2010 18:01:55  
JOB #: 2268845

Kelly A. Booth, MD

CC:

**Electronically Signed By: BOOTH, KELLY ALEXANDER MD**  
**03/17/10 08:30 PM**

Admit Date: 3/9/2010 05:27 EST  
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